

**CITY OF ALVIN**

1100 West Highway 6 ♦ Alvin, Texas 77511 ♦ (281) 388-4271 ♦ FAX (281) 331-7516

Engineering Department**RIGHT OF WAY CONSTRUCTION PERMIT APPLICATION***All work must be complete in accordance with the Chapter 20 Article IV Right-of-way management and the approved plans.*

Right of Way User Name: _____

Project Name: _____

Location of Work Area: _____

Brief Description of Project: _____

Length of Work Area: _____

Estimated Start Date: _____ Estimated Complete Date: _____

Contact Person: _____

Address: _____

Telephone: _____

Fax: _____

E-Mail: _____

Contractor Data (if available)

Name: _____

Telephone: _____

Address: _____

CHECK LIST:

1. Plans Attached
2. Scale
3. Existing Features Shown
4. Pavement Cuts Required
5. Lane Closure Required
6. Legend
7. Contractor Known
8. Adequate Bonds
9. Registered User

FOR OFFICE USE

Received By: _____

Date Permit Issued: _____

Date: _____

Permit No: _____

Time: _____

Expiration Date: _____

Approved By: _____

Fee Amount: _____

Fee Received: _____

Application must be returned to the City of Alvin Engineering Department